

**TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.**

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17510 U.S. PTO  
10/803245  
031804

**PATENT**

Attorney Docket No. **CCF-6332NP**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of Inventor(s): **Steven William Hoffman**

For (title): **APPARATUS FOR INSERTION INTO A BODY LUMEN**

**Enclosed are:**

**1. Papers Required for Filing Date Under 37 CFR 1.53(b):**

32 Pages of specification

1 Pages Abstract

14 Pages of claims

6 Sheets of drawing

☒ formal (Figs. 1-13)

☐ informal

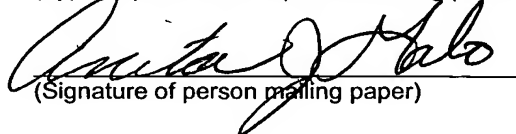
In addition to the above papers there is also attached: **A Preliminary Amendment (3 pgs.)**

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date **March 18, 2004** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **ET-035757745US** addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**Anita J. Galo**

(Type or print name of person mailing paper)

  
(Signature of person mailing paper)

2. **Declaration or oath:**

- ☒ Enclosed (Executed)  
☐ Not Enclosed.

3. **Language:**

- ☒ English  
☐ Non-English  
☐ A verified English translation of the  
☐ specification and claims  
☐ declaration  
is attached.

4. **Assignment:**

- ☒ An assignment of the invention to The Cleveland Clinic Foundation  
☐ is attached.  
☒ will follow

5. **Certified Copy:**

Certified copy (ies) of application (s)

(Country) (Appln. No.) (Filed)

(Country) (Appln. No.) (Filed)

(Country) (Appln. No.) (Filed)

from which priority is claimed

- ☐ is attached  
☐ will follow

6. **Fee Calculation:**

(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED				
Number Filed	Number Extra		Rate	Basic Fee
				<b>\$ 385.00</b>
Total Claims	<b>33</b>	-20 =	<b>13 X \$ 9.00</b>	<b>117.00</b>
Independent Claims	<b>4</b>	- 3 =	<b>1 X \$ 43.00</b>	<b>43.00</b>
Multiple dependent claim(s), if any			<b>0 + \$145.00</b>	<b>0.00</b>

- ☐ Amendment canceling extra claims enclosed
- ☐ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation **\$502.00**

7. **Small Entity Statement**

- ☒ The present application will be assigned to and is being filed on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27(a)(3) (tax exempt organization) for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee **\$502.00**
- ☒ assignment recordal fee **\$ 0.00**
- ☐ for processing an application with a specification in a non-English language **\$ \_\_\_\_\_**

**Total fees enclosed \$502.00**

9. **Method of Payment Fees:**

- ☒ check in the amount of **\$502.00** enclosed.
- ☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

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SIGNATURE OF ATTORNEY, REG. NO. 40,871

**Richard S. Wesorick**  
\_\_\_\_\_  
Type or print name of attorney